

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

ENVIRONMENTAL HEALTH

**IHSC Directive: 05-04
ERO Directive Number: 11779.1
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**By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/**

1. **PURPOSE:** The purpose of this issuance is to set forth policies and procedures for environmental health management.
2. **APPLICABILITY:** This directive applies to all U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) personnel, including but not limited to, Public Health Service (PHS) officers, civil service employees and contract personnel. It is applicable to IHSC personnel supporting health care operations in ICE-owned and contracted detention facilities and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of its employees supporting IHSC.
3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Title 8, Code of Federal Regulations, Section 235.3 ([8 C.F.R. § 235.3](#)), Inadmissible Aliens and Expedited Removal.
 - 3-2. Section 232 of the Immigration and Nationality Act, as amended, Title 8, U.S. Code Section 1222 ([8 U.S.C. § 1222](#)), Detention of Aliens for Physical and Mental Examination.
 - 3-3. Title 8, Code of Federal Regulations, Part 232 ([8 C.F.R. 232](#)), Detention of Aliens for Physical and Mental Examination.
 - 3-4. Section 322 of the Public Health Service Act, as amended, Title 42 U.S. Code, Section 249(a) ([42 U.S.C. § 249\(a\)](#)), Medical Care and Treatment of Quarantined and Detained Persons.

- 3-5. Title 42, U.S. Code, Section 252 ([42 U.S.C. § 252](#)), Medical Examination of Aliens.
 - 3-6. The Privacy Act of 1974, Title 5, U.S. Code, Section 552(a) ([5 U.S.C. § 552 \(a\)](#)), as applied in the Department of Homeland Security (DHS)/ICE-013 Alien Health Records System of Records Notice, 80 Federal Register 239 (January 5, 2015).
 - 3-7. Title 29, Code of Federal Regulations, Part 1960, ([29 C.F.R. 1960](#)), Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters.
 - 3-8. Title 29, Code of Federal Regulations, Section 1910.1030, ([29 C.F.R. § 1910.1030](#)), Bloodborne Pathogens.
 - 3-9. [Executive Order 12196](#), Occupational Safety and Health Programs for Federal Employees (1980).
 - 3-10. Public Law 91-596, Occupational Safety and Health Act ([OSH Act](#)) of 1970.
 - 3-11. DHS Directive: 066-01, Safety and Health Programs (2008).
 - 3-12. Title 29, Code of Federal Regulations, Section 1910.1200 ([29 C.F.R. § 1910.1200](#)), Hazard Communication.
 - 3-13. Title 10, Code of Federal Regulations, Part 20 ([10 C.F.R. 20](#)), Standards for Protection Against Radiation.
 - 3-14. Title 42, Code of Federal Regulations, Section 482.26 ([42 C.F.R. § 482.26](#)), Condition of Participation: Radiologic Services.
 - 3-15. [State Medical Waste Programs Regulations](#)
4. **POLICY:** The health services administrator (HSA) oversees environmental health activities in the medical clinic, which include materials and waste management, radiation safety, hygiene in the clinic and food services areas, and maintaining the airborne infection isolation (AII) rooms. Health staff must comply with federal, state, and local laws and regulations related to these environmental health activities.
- 4-1. **Hazardous Materials Management**
- a. The HSA or designee oversees the implementation of the [Occupational Safety and Health Administration \(OSHA\) Hazard Communication Standard](#) to include the following:

- (1) The HSA must be familiar with the standard and must have designated responsible staff for the implementation of particular activities.
- (2) The HSA or designee must maintain a written plan which explains how the hazard communication is implemented.
- (3) The HSA or designee must maintain a current inventory of hazard chemicals stored and used by health staff in the medical clinic.
- (4) The HSA or designee must ensure that all hazardous chemical containers used by health staff in the medical clinic are labeled by the manufacturer or an OSHA-approved alternative.
- (5) The HSA or designee must maintain a current file of safety data sheets (SDSs) for all biohazard chemicals stored and used by health staff in the medical clinic, and must ensure they are readily accessible to all health staff in a language they can understand.
- (6) The HSA or designee must ensure that health staff are trained on hazardous chemicals used in their work areas to include their proper use, handling, storage, potential hazards and protective measures, prior to initial assignment and when new hazards are introduced.
- (7) The HSA or designee must ensure that all staff review the SDS list of chemicals that apply to their workplaces, including understanding the hazards and health risks associated with exposure to these chemicals and the appropriate protective measures available to them.
- (8) The HSA or designee must review the hazard communication program at least annually to ensure it remains current and can meet its objectives.

4-2. Radiation

- a. The HSA or designee must oversee radiation safety activities within the medical clinic to ensure that annual whole body radiation exposures for IHSC health staff are monitored and kept as low as reasonably achievable (ALARA). Whole body radiation exposures should not exceed 5 rems in any calendar year or 3 rems in any calendar quarter; the HSA must track exposures that exceed these limits.

- b. The HSA or designee must ensure that health staff wear dosimeter badges in accordance with manufacturer recommendations while conducting radiography services, or while in the immediate area where radiography services are conducted.
- c. The HSA or designee must ensure that if an employee notifies them of a pregnancy, radiation exposure to that employee should not exceed 500 mrem during the entire pregnancy. Pregnant federal employees may request a work accommodation from the HSA and/or the Office of Human Capital (OHC). The HSA or designee must advise pregnant contract staff to contact their employer to request similar accommodations.
- d. The HSA or designee must visibly post radiation signs on all doors leading to radiation exposure areas.
- e. The HSA or designee must oversee compliance with OSHA requirements for radiation personnel monitoring equipment.
- f. The HSA or designee must ensure that radiation-emitting equipment receive periodic maintenance, compliance testing and calibration checks, as indicated by the manufacturer's recommendations and as governed by [42 CFR § 482.26\(b\)\(2\)](#).

4-3. Cleaning and Decontamination

- a. The HSA or designee must conduct daily visual inspections of the medical clinic to ensure continuous cleanliness and must determine the necessary procedures to maintain a healthy, hygienic work environment.
- b. The HSA or designee must ensure that terminal cleaning of medical housing units and All rooms is accomplished after a detainee is discharged from these areas, in accordance with recommendations from the Centers for Disease Control and Prevention (CDC) and OSHA standards. The HSA or designee must communicate any deficiencies to the facility administrator or designee.
- c. The HSA or designee must provide facility staff with recommendations to promote or improve overall facility cleanliness, and must ensure that all health staff are trained on the use of personal protective equipment (PPE) when using cleaning chemicals.
- d. Health staff must decontaminate medical equipment in accordance with local, state and federal regulations.

- e. The HSA or designee must communicate to the facility administrator or designee that detainees with work duties involving the cleaning of the medical clinic must be trained on safety precautions, the use and wear of PPE equipment and cleaning restrictions, and that these detainees must be closely monitored while performing these activities in the medical clinic.

4-6. Pest Control

- a. The HSA must communicate concerns related to the presence of pests or vermin in the medical clinic to the facility administrator or designee, until the concerns are adequately addressed.
- b. IHSC health staff must notify the HSA or designee of signs of pests or vermin or of conditions that could promote pest or vermin activity within the medical clinic or other working areas.

4-7. Hazardous Waste Disposal

- a. The HSA or designee must maintain and implement local procedures to ensure that hazardous waste generated by the medical clinic is separated, disposed of, packaged, stored and transported in accordance with applicable federal, state and local laws and regulations.
- b. The HSA or designee must ensure that all IHSC health staff are familiar with the procedures for the identification, storage, management, inspection, transportation and disposal of hazardous materials used or generated in accordance with OSHA Standards, [29 C.F.R. § 1910.1030](#).
- c. The HSA or designee must inform all staff involved in the handling and disposal of potentially infectious waste of possible health and safety hazards and provide them with specific training in the appropriate handling and disposal methods in accordance with OSHA Standards, [29 C.F.R. § 1910.1030](#).
- d. Health staff must store all regulated medical waste awaiting transport in a properly ventilated area that is inaccessible to pests or vermin, and in waste containers that prevent the development and release of noxious odors.

4-8. Food Service Health and Hygiene

- a. The HSA or designee must ensure that documentation of mandatory weekly food service inspections conducted by facility administration

and/or dietary staff are made available to health staff, in order to meet American Correctional Association (ACA) and Performance-Based National Detention Standards (PBNDS) 2011 compliance requirements. Documentation must include weekly inspections of all food service areas including dining, storage, equipment and food preparation areas.

- b. A medical provider or RN must conduct a medical examination on a detainee, specifically evaluating them for conditions transmissible by food or utensils, to determine the detainee's eligibility for food service duty. If a detainee is determined ineligible, the detainee must not participate with food service duty. Once the detainee's condition is resolved, a medical provider must re-examine the ineligible detainee prior to starting or resuming food service duty.
- c. A medical provider or RN must sign the IHSC Food Handler Certificate, located in the detainee health record, to document that the detainee is cleared for food service duty, and must forward the certificate to the facility staff responsible for food service.

4-3. Airborne Infection Isolation (All) Rooms

- a. The HSA or designee must oversee the monitoring and periodic maintenance of All rooms per manufacturer's recommendations, to ensure minimum air change rates and negative pressure when in use. The HSA or designee must follow the manufacturer's guidelines for operation.
- b. Health staff must conduct and document daily monitoring of All room ventilation systems to ensure adequate functioning of negative pressure by performing daily tissue or smoke testing and recording digital readings, if available.
- c. The HSA or designee must ensure that All rooms are tested for adequate functioning of negative pressure following any disruptions in power.
- d. Health staff must ensure adequate time has elapsed (to allow for the removal of >99% of airborne contaminants by the exhaust system) prior to placing a new detainee in an All room and/or performing a terminal cleaning of the room.
- e. The HSA or designee must ensure All rooms are cleaned in accordance with recommended procedures found in the *IHSC Environmental Health Guide* and *ICE PBNDS 2011*, and must communicate any deficiencies to the facility administrator or designee.

4-9. Construction, Renovation and Repair Work

- a. The HSA or designee must coordinate with facility staff before and during facility construction, renovation and repair work, that may impact the medical clinic's environmental infection controls or introduce new hazards.
- b. The HSA or designee must ensure that work place hazards resulting from construction, renovation or repair work are removed, if possible, or must ensure that additional precautions or changes in work practices are implemented during and throughout the completion of these projects.
- c. The HSA or designee must ensure that adequate lighting, heating, air conditioning, ventilation, plumbing, water or power are available during construction, renovation and repair work, in order to accommodate clinical activities. The HSA or designee must notify facility staff if outages occur.
- d. Health staff must immediately notify the HSA or designee of any work place hazards or other outages impacting clinical operations during construction, renovation or repair work projects.

4-10. Clinic Inspections

- a. The HSA or designee must ensure that an inspection is performed in the medical clinic each month in accordance with the [General Duty Clause of the OSH Act of 1970](#), PBNDS 2011 and ACA. If problems are identified with the lighting, heating, air conditioning, ventilation, plumbing, water or other power systems, the HSA or designee must develop corrective action plans and request assistance from facility staff, if needed.
- b. The HSA or designee must ensure that monthly clinical inspection reports are documented and saved in the IHSC Public Health, Safety, and Preparedness Unit SharePoint page.

4-11. Orientation and Training

- a. Training for environmental health must be included in orientation and annual training requirements for all facility IHSC staff.
- b. Documentation of training completion must be entered into the personnel training record for each attendee and must include date of completion. Standardized national training materials, including a

content summary and version date, must be centrally located and accessible by all IHSC staff.

- c. The HSA or designee is responsible for compliance with training requirements and training documentation. The HSA may maintain a master training document for monitoring and reporting purposes; however, PII is not authorized on the master document.

5. **PROCEDURES:** See the *IHSC Environmental Health Guide* located on Sharepoint: [GLOSSARY FOR IHSC OFFICIAL GUIDANCE](#)

6. **HISTORICAL NOTES:** This directive replaces Chapter 5 Sections 3-9 through 3-11 and Chapter 6 Section 3-1-b of the IHSC Infection Prevention and Control Manual, and Chapter 7.3.3: Environmental Health and Safety, from the historical IHSC Policy and Procedures Manual.

7. **DEFINITIONS:** See definitions for this policy at IHSC Glossary found on Sharepoint and in the glossary found in the *IHSC Environmental Health Guide*.

8. **APPLICABLE STANDARDS:**

8-1. Performance-Based National Detention Standards (PBNDS 2011):

1.2: Environmental Health and Safety.

4.1: Food Service.

7.3: Staff Training.

8.2. ICE Family Residential Standards:

1.2: Environmental Health and Safety.

4.1: Food Service.

7.3: Staff Training.

8.3 American Correctional Association (ACA):

Performance-Based Standards for Adult Local Detention Facilities, 4th edition:

(1) Part One: Safety

4-ALDF-1A-01: Sanitation

4-ALDF-1A-02: Sanitation

4-ALDF-1A-03: Sanitation
4-ALDF-1A-04: Housekeeping

(2) Part Four: Care

4-ALDF-4A-13: Health Protection
4-ALDF-4A-15: Health Protection
4-ALDF-4C-18: Food Service Management

(3) Part Seven: Administration and Management

4-ALDF-7B-09: Training and Staff Development

8.4 National Commission on Correctional Health Care (NCCHC):

Standards for Health Services in Jails, 2014:

J-B-01: Infection Control Program.

J-B-03: Staff Safety.

J-C-06: Inmate Workers.

- 9. PRIVACY AND RECORDKEEPING.** IHSC stores, retrieves, accesses, retains and disposes of these records in accordance with the Privacy Act and as provided in the DHS/ICE-013: Alien Health Records System of Records Notice, 80 Federal Register 239 (Jan. 5, 2015). The records in the electronic health record (eHR)/eClinical Works (eCW) are destroyed ten (10) years from the date the detainee leaves ICE custody. Retention periods for records of minors may differ. Paper records are scanned into eHR and are destroyed after upload is complete.

Protection of Medical Records and Sensitive PII

- 9-1.** Health staff must keep all medical records, whether electronic or paper, secure with access limited only to those with a need to know. Health staff must lock paper records in a secure cabinet or room when not in use or not otherwise under the control of a person with a need to know.
- 9-2.** The HSA or designee must ensure that health staff are trained during orientation and annually on the protection of a detainee's medical information and Sensitive PII.
- 9-3.** The HSA or designee must ensure that only authorized individuals with a need to know are permitted to access medical records and Sensitive PII.

10. **NO PRIVATE RIGHT STATEMENT.** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.